

Work Order ID 93301

November-15-12 11:07:33 AM

93301

Page 1

Item ID: 647.7915

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Bracket

Start Date: 11/15/12 Start Qty: 3.00

3

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 3.00

3

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 12-11-12 Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
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647.7900	N/C
----------	-----

0.00

3

0

SMR-11-25

110

110

Waterjet

Memo

0.00

FLOW CNC Waterjet

1-Cut as per Dwg

Dwg Rev: N/C

Prog Rev: N/C

2-Deburr if necessary

120

QC2- Inspect parts off machine FAI/FAIB

0.00

3

0

SMR-11-25

120

QC

Memo

0.00

Quality Control

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
Part No. _____			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
NCR No. _____										
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear				General						
Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced		
Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure		
Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld		
Crushed/Crimped	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled		
Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>			
Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>			
Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>			
Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>	Other	<input type="checkbox"/>			
Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>			
Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>			
Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>			

Work Order ID 93301

November-15-12 11:07:34 AM

93301

Page 2

Item ID: 647.7915

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: Bracket

Start Date: 11/15/12 Start Qty: 3.00

3

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 3.00

3

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* QC Quality Control	QC8- Inspect parts - second check Memo	0.00 0.00 AS 15 9/9 12/12/26				3			
140 *140* Brake NC Brake NC	Form as per dwg Memo	0.00 0.00				3			SB 12/12/12
150 *150* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 0.00 AS 15 9/9 10/12/12				3			

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date: _____

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
Part No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
NCR No. _____			!Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear			General								
Bending		Bend		Grain		Ovalized		Pressure/Forced			
Centre Not Concentric to O/S		BOM/Route		Hardware		Over/Under tolerance		Temperature/Cure			
Cracks		Broken/Damaged		Inspection Incomplete		Part Incorrect		Weld			
Crushed/Crimped.		Burrs		Instructions Incomplete/Unclear		Part Lost/Missing		Wrong Stock Pulled			
Cuffs		Contamination		Maintenance		Part Moved					
Heat Treat		Countersink		Mislabeled		Positioned Wrong					
Inspection Strip in Tube		Cut Too Short		Misread		Power Loss/Surge					
Ripples in Bend		Drill Holes		Offset							
Torque Waves in Extrusion		Drawing		Out of Calibration							
Turning Sequence		Finish		Out of Sequence							
Wave/Twist in Tube		Folio		Outside Dimensions							

Work Order ID 93301

93301

Page 3

November-15-12 11:07:34 AM

Item ID: 647.7915

Accept

N900040100

Setup

Start ***NS1***

Stop

NS2

Revision ID:

Item Name: Bracket

Start Date: 11/15/12 Start Qty: 3.00

3

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 3.00

3

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160 *160* Outsource4	Outsource process-Anodize per QSI017 4.1.10.1	0.00							<i>11/13-01-13</i>
Outsource process - Anodize	Memo	0.00							
	ISSUE P/O: <i>18829</i>								
	HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)								
170 *170* Packaging	Receive & Inspect for Damage & Mat'l Certs	0.00							<i>11/13/13 (3)</i>
Packaging	Memo	0.00							
180 *180* QC	QC5- Inspect part completeness to step on W/O	0.00	<i>27</i>				<i>3</i>		<i>11/13/13</i>
Quality Control	Memo	0.00							

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>							
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <hr/> <hr/> <hr/>							
				<input type="checkbox"/> Other							

Work Order ID 93301

93301

Page 4

* November-15-12 11:07:34 AM

Item ID: 647.7915

Accepted

N900040100

Setup Start

NS1

Revision ID:

Stop *NS2*

Item Name: Bracket

Start Date: 11/15/12

3

Cust Item ID:

Required Date: 12/07/12

Req'd Qty: 3.00

3

Customer:

Reference:

Run Start

ND1

Approvals: **Process Plan:**

Date: _____ Tooling: _____

Date: _____

OC:

Date: _____ SPC (Y/N): _____

Date: _____

Stop *END*

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
190 *190* SprayPaint Spray Painting	Memo PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 2) CARDINAL 4860-50 PRIMER BATCH: <u>124204</u>	0.00				<u>3</u>	<u>0</u>	<u>0</u>	<u>AH</u> 13-4-5
200 *200* QC Quality Control	QC14- Inspect Spray Paint Memo	0.00				<u>3</u>			<u>DAS</u> <u>05</u> <u>9-69</u> <u>1</u> <u>B.A.</u>
210 *210* Packaging Packaging	Identify as per dwg & Stock Location: <u>57535</u> Memo ***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV***	0.00							<u>13/4/8 (3)</u>

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear			General								
Bending	Bend	Grain	Ovalized	Pressure/Forced							
Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure							
Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld							
Crushed/Crimped.	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled							
Cuffs	Contamination	Maintenance	Part Moved								
Heat Treat	Countersink	Mislabeled	Positioned Wrong								
Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge								
Ripples in Bend	Drill Holes	Offset	Other								
Torque Waves in Extrusion	Drawing	Out of Calibration									
Turning Sequence	Finish	Out of Sequence									
Wave/Twist in Tube	Folio	Outside Dimensions									

Work Order ID 93301

*November-15-12 11:07:34 AM

93301

Page 5

Item ID: 647.7915

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Bracket

Stop

NS2

Start Date: 11/15/12 Start Qty: 3.00

3

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 3.00

3

Customer:

Reference:

Approvals:

Process Plan:

Date: Tooling:

Date:

Run

Start

NR1

QC:

Date: SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

220

QC21- Final Inspection - Work Order Release

0.00

13/4/10
JW

220

QC

Quality Control

Memo

0.00

JK
13-4-9

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date: _____

QA Closed: _____ Date: _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other			
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	Bending	Bend	Grain	Ovalized	Pressure/Forced						
	Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure						
	Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld						
	Crushed/Crimped.	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled						
	Cuffs	Contamination	Maintenance	Part Moved							
	Heat Treat	Countersink	Mislabeled	Positioned Wrong							
	Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge							
	Ripples in Bend	Drill Holes	Offset								
	Torque Waves in Extrusion	Drawing	Out of Calibration								
	Turning Sequence	Finish	Out of Sequence								
	Wave/Twist in Tube	Folio	Outside Dimensions								

Picklist Print

November-15-12 11:07:33 AM

Page 1

Work Order ID: 93301

Parent Item: 647.7915

Parent Item Name: Bracket

Start Date: 11/15/12

Required Date: 12/07/12

Start Qty: 3.00

Required Qty: 3.00

Comments: IPP REV:A 12.10.03 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M2024T3S.090 2024-T3 .090 sheet		Purchased	No			110	sf	47.3300	0.084	0.2652632 0.3		Jmn-11-25	

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS										
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>									
Part No. _____																
NCR No. _____																
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector							
Doc/Data																
Equip/Tooling																
Operator																
Material																
Setup																
Other																
Process																
Supplier																
Training																
Unapproved																
FAULT CATEGORY																
Landing Gear				General												
Bending	<input type="checkbox"/>			Bend	<input type="checkbox"/>			Grain	<input type="checkbox"/>			Ovalized	<input type="checkbox"/>			Pressure/Forced
Centre Not Concentric to O/S	<input type="checkbox"/>			BOM/Route	<input type="checkbox"/>			Hardware	<input type="checkbox"/>			Over/Under tolerance	<input type="checkbox"/>			Temperature/Cure
Cracks	<input type="checkbox"/>			Broken/Damaged	<input type="checkbox"/>			Inspection Incomplete	<input type="checkbox"/>			Part Incorrect	<input type="checkbox"/>			Weld
Crushed/Crimped.	<input type="checkbox"/>			Burrs	<input type="checkbox"/>			Instructions Incomplete/Unclear	<input type="checkbox"/>			Part Lost/Missing	<input type="checkbox"/>			Wrong Stock Pulled
Cuffs	<input type="checkbox"/>			Contamination	<input type="checkbox"/>			Maintenance	<input type="checkbox"/>			Part Moved	<input type="checkbox"/>			
Heat Treat	<input type="checkbox"/>			Countersink	<input type="checkbox"/>			Mislabeled	<input type="checkbox"/>			Positioned Wrong	<input type="checkbox"/>			
Inspection Strip in Tube	<input type="checkbox"/>			Cut Too Short	<input type="checkbox"/>			Misread	<input type="checkbox"/>			Power Loss/Surge	<input type="checkbox"/>			
Ripples in Bend	<input type="checkbox"/>			Drill Holes	<input type="checkbox"/>			Offset	<input type="checkbox"/>				<input type="checkbox"/>			
Torque Waves in Extrusion	<input type="checkbox"/>			Drawing	<input type="checkbox"/>			Out of Calibration	<input type="checkbox"/>				<input type="checkbox"/>			
Turning Sequence	<input type="checkbox"/>			Finish	<input type="checkbox"/>			Out of Sequence	<input type="checkbox"/>				<input type="checkbox"/>			
Wave/Twist in Tube	<input type="checkbox"/>			Folio	<input type="checkbox"/>			Outside Dimensions	<input type="checkbox"/>				<input type="checkbox"/>			

APPLICABILITY OF THIS DRAWING IS RESTRICTED TO:
THE PARTS PERIODICALLY SHIPPED & RE-ORDERED

REV	DATE DRAWN	2012	REV
REV	DATE APPROVED	2012	REV
REV	INITIAL RELEASE	2012	REV

NOTES:

- A MATERIAL: ALUMINUM 2024-T3 PER AMS-QQ-A-250/4
- FINISH: ANODIZE PER MIL STD-A-8625, TYPE III, CLASS 2, COLOR BLACK;
CARDINAL 4860-50 PRETREATMENT PRIMER
PRIME IAW MIL-P-23377J TYPE I CLASS N
3. DEBURR AND BREAK ALL SHARP EDGES
4. IDENTIFY IAW MPP-120

SHOP COPY

RETURN TO

ENGINEERING

UNCONTROLLED COPY

SUBJECT TO AMENDMENT

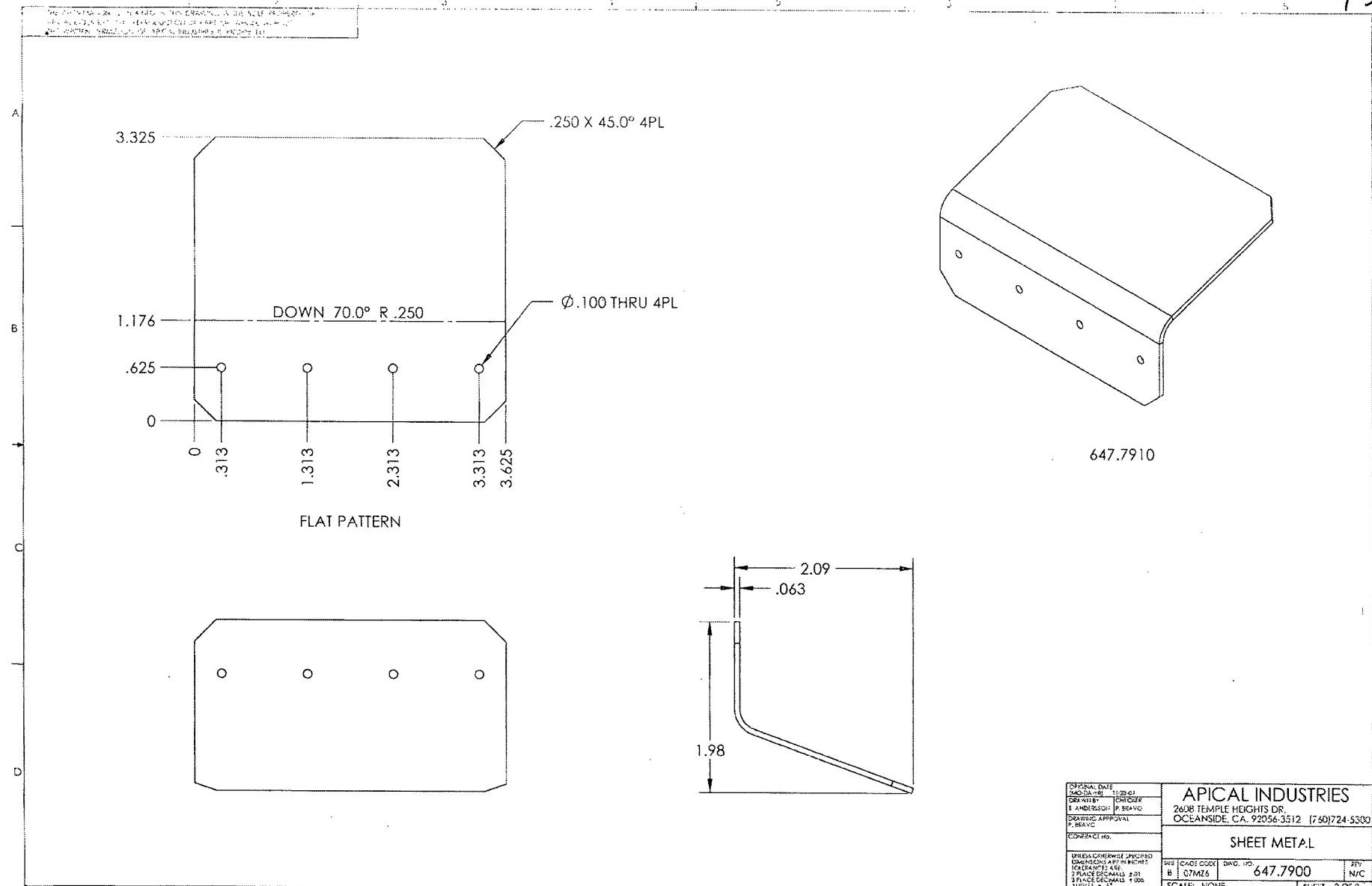
WITHOUT NOTICE

WORK ORDER

NO 93301 ML5
12-11-14

QTY	PART #	DESCRIPTION	MATL	SPEC
			PARTS LIST	
	647.7919	SHIM		
	647.7918	BRACKET		
	647.7917	BRACKET		
	647.7916	BRACKET		
	647.7915	BRACKET		
	647.7914	BRACKET		
	647.7913	DOUBLER		
	647.7912	CLIP		
	647.7911	BRACKET		
	647.7910	ANGLE BRACKET		
F/N	PART #	DESCRIPTION	MATL	SPEC
QTY	CHECKED DATE NEXT ASSY (S) DRAWN BY SHEET NUMBER P/N APPROVAL P/N APPROVAL P/N APPROVAL	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300		
		SHEET METAL		
		UNLESS OTHERWISE SPECIFIED ALL DIMENSIONS ARE IN INCHES TOLERANCES ARE AS PER ASME Y14.5M ANGLES & 3°	REV B 07M26 SCALE NONE	N/C 647.7900 SHEET 1 OF 9

93301



93301

THE 2000 EDITION OF THE BIBLE TRANSLATION
CONTAINS A NUMBER OF CHANGES WHICH ARE THE RESULT
OF THE WORKS OF THE COMMITTEE FOR BIBLICAL TRANSLATION.

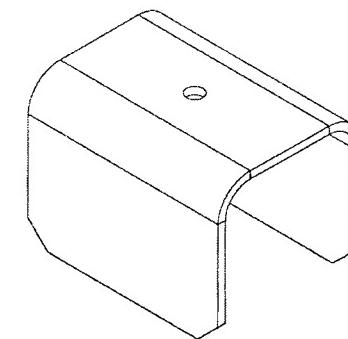
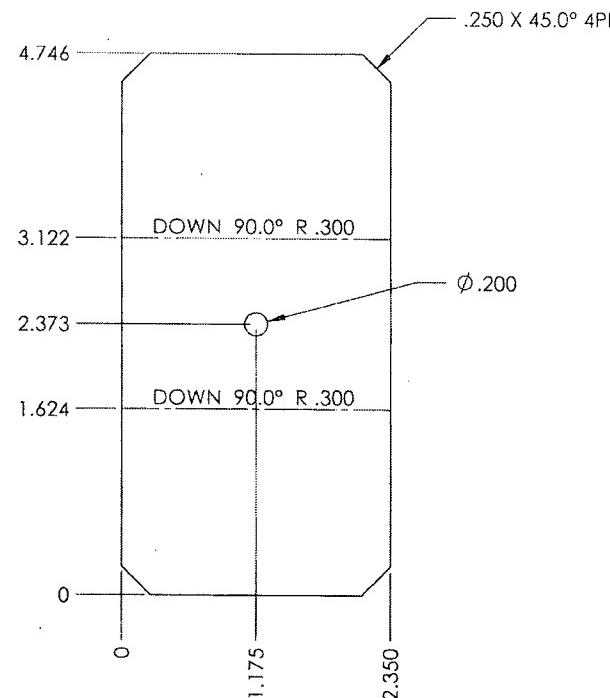
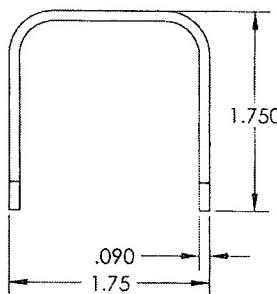
Category	Sub-Category	Code	Description
1	1.1		
1	1.2		
1	1.3		
1	1.4		
1	1.5		
1	1.6		
1	1.7		
1	1.8		
1	1.9		
1	1.10		
1	1.11		
1	1.12		
1	1.13		
1	1.14		
1	1.15		
1	1.16		
1	1.17		
1	1.18		
1	1.19		
1	1.20		
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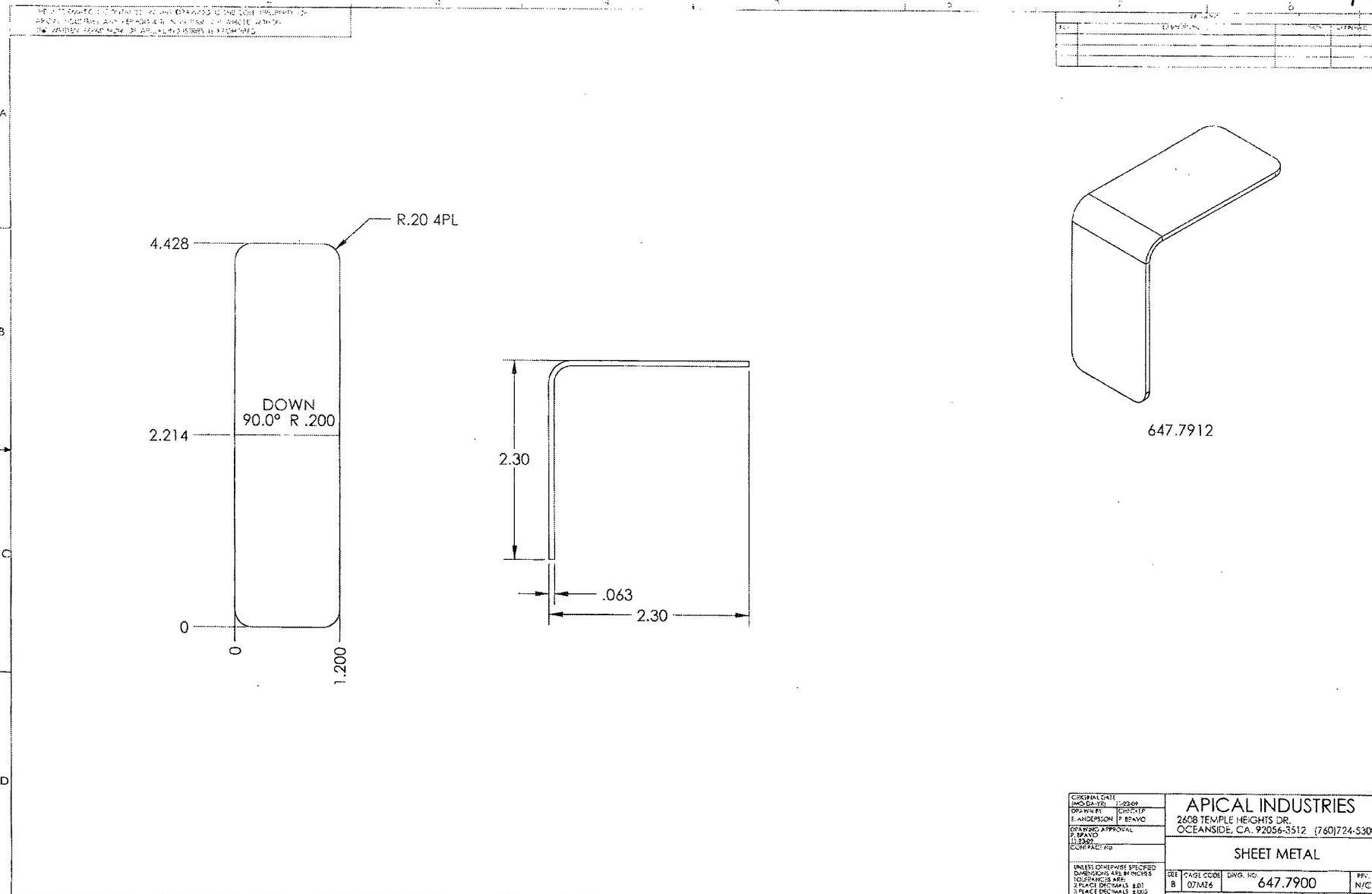
647.791

FLAT PATTERN

<p>CORPORATE DATE MDC-DPM 11-24-09</p> <p>FACILITY ADDRESS F. BRAVO</p> <p>DRAWINGS APPROVAL F. BRAVO</p> <p>COMPLIANCE NO.</p>	<p>APICAL INDUSTRIES</p> <p>2609 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300</p>
SHEET METAL	
<p>UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES</p> <p>1/8" THICKNESS 2 1/2" DEPTH X 3 1/2"</p> <p>3 1/2" DEPTH X 3 1/2"</p>	<p>REQ'D. CAGE CODE: B 07M4</p> <p>PAGE NO: 647.7900</p> <p>RFD NO: N/C</p>
SCALE NONE SHEET 3 OF 3	

93301

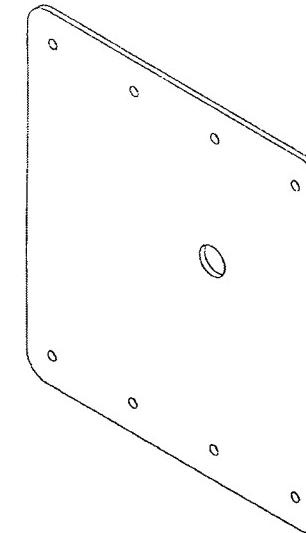
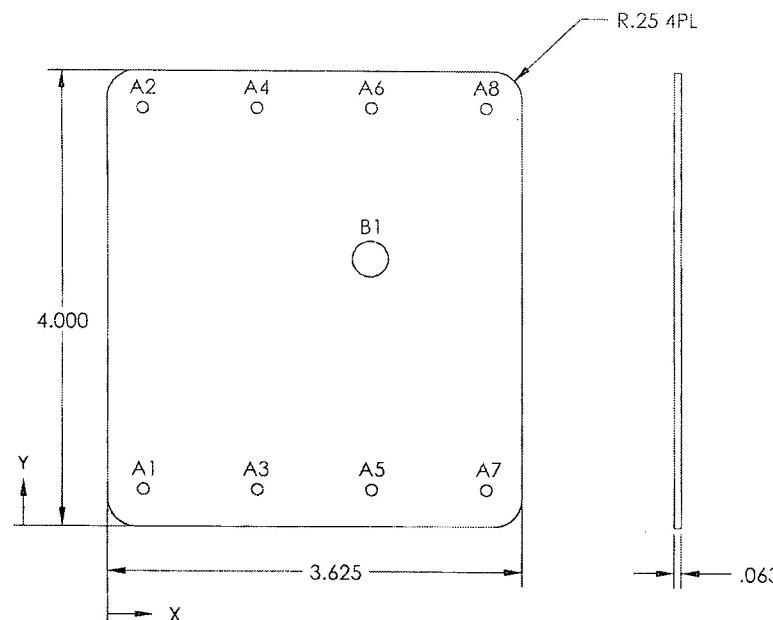
NOTICE OF DESIGN CHANGES ARE MADE TO THE 2004 DRAWING NUMBER 20
APICAL INDUSTRIES APPROVED BY P. BRAVO ON 12/10/2004
THIS DRAWING IS APPROVED AS OF 12/10/2004



93301

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क्रमांक	प्रत्येक वर्ष की विद्युत उत्पादन की मात्रा (जिल्हा इकाई)	विद्युत उत्पादन की मात्रा (जिल्हा इकाई)	विद्युत उत्पादन की मात्रा (जिल्हा इकाई)
१	२५३८६	२५३८६	२५३८६
२	२५३८७	२५३८७	२५३८७
३	२५३८८	२५३८८	२५३८८
४	२५३८९	२५३८९	२५३८९
५	२५३९०	२५३९०	२५३९०
६	२५३९१	२५३९१	२५३९१
७	२५३९२	२५३९२	२५३९२
८	२५३९३	२५३९३	२५३९३
९	२५३९४	२५३९४	२५३९४
१०	२५३९५	२५३९५	२५३९५
११	२५३९६	२५३९६	२५३९६
१२	२५३९७	२५३९७	२५३९७
१३	२५३९८	२५३९८	२५३९८
१४	२५३९९	२५३९९	२५३९९
१५	२५४००	२५४००	२५४००

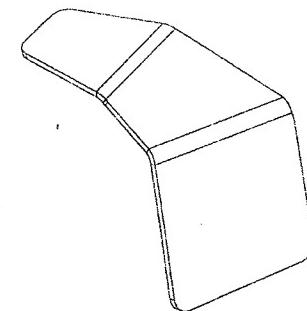
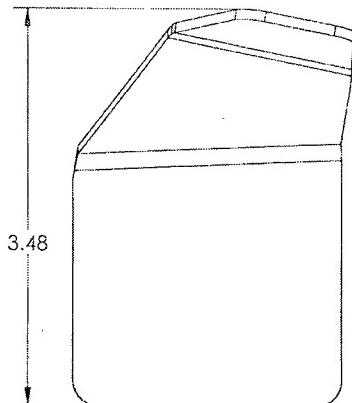
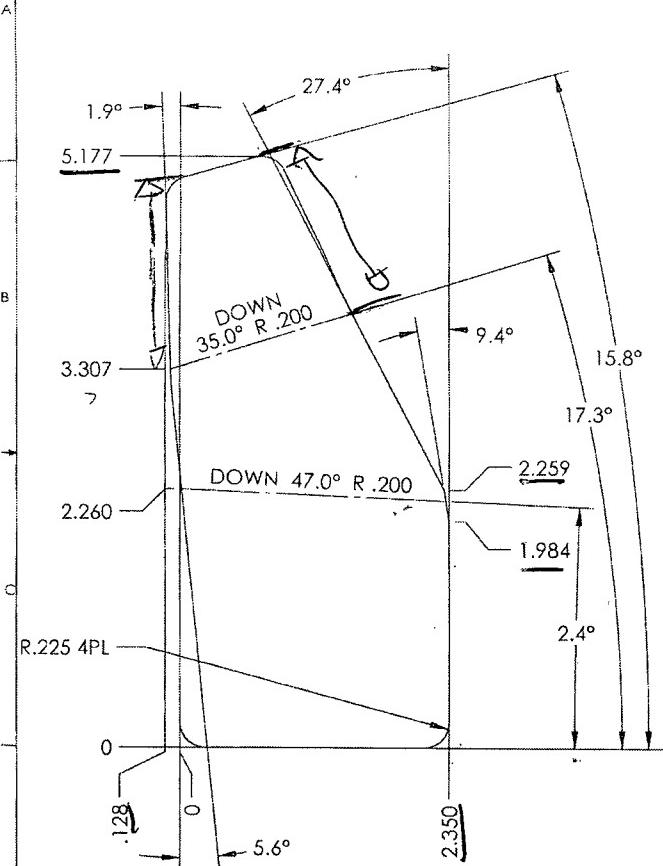


TAG	X LOC	Y LOC	SIZE
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A2	.313±.002	3.675±.002	Ø.100
A3	.313±.002	.325±.002	Ø.100
A4	.313±.002	3.675±.002	Ø.100
A5	2.313±.002	.325±.002	Ø.100
A6	2.313±.002	3.675±.002	Ø.100
A7	3.313±.002	.325±.002	Ø.100
A8	3.313±.002	3.675±.002	Ø.100
B1	2.300±.002	2.350±.002	Ø.313

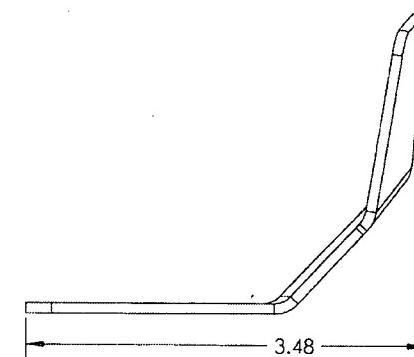
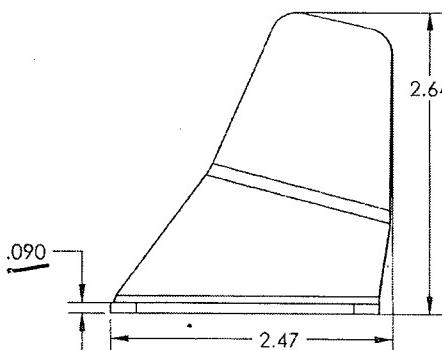
ORIGINAL DATE JAN 01 1998	APICAL INDUSTRIES		
RECEIVED BY T. SCHICKER	2668 TEMPLE HEIGHTS DR.		
LABORATORY E. PANO	OCEANSIDE, CA. 92056-3512 (760)724-5300		
DRAWINGS APPROVAL F. RAVAO	SHEET METAL		
CONTRACT NO.			
ENCL. DRAWING SPECIFICATIONS DRAFTING SHEET ARE FURNISHED BY THE CONTRACTOR			
2/12/98 2/12/98 2/12/98 2/12/98			
REF. CAGA CODE	CDW. NO.	REF. N/C	
B. UTM26	647.7900		
SCALE	1:12500	E. GAGE	

93301

43-80304-002 DRAWING NO. 647.7914
43-80304-003 DRAWING NO. 647.7915
NO. 647.7914 IS THE TOP PLATE
NO. 647.7915 IS THE BOTTOM PLATE



647.7914
647.7915 OPPOSITE



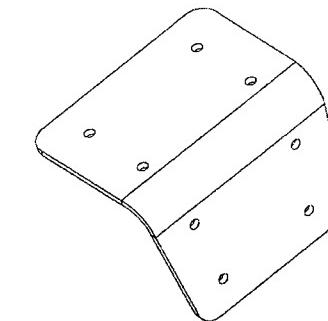
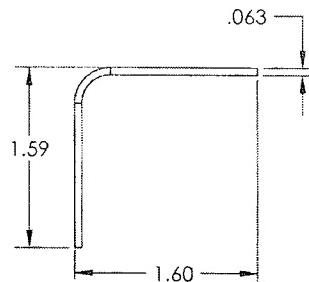
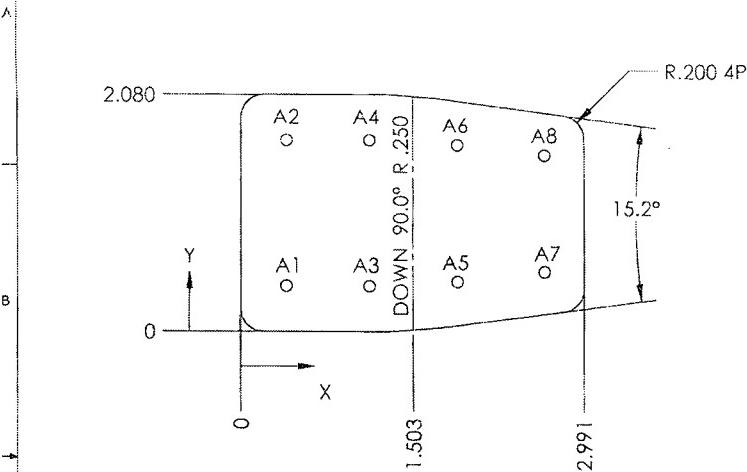
647.7914 SHOWN
647.7915 OPPOSITE

ORIGINAL DATE 10-20-02	APICAL INDUSTRIES
DESIGNER: J. ANDERSON	2608 TEMPLE HEIGHTS DR.
REVISOR: P. BRAVO	OCEANSIDE, CA. 92056-3512 (760)724-5300
DRAWING APPROVED P. BRAVO	
ISSUED BY:	
CONTRACT NO.:	
UNLESS OTHERWISE SPECIFIED: STAINLESS STEEL 304 TOLERANCES: .015 SPLATE DEGRADS 1.00 ANGLES ± 5°	SPEC. CODE: B DATE: 07/26/02 DRAFT. NO.: 647.7900 SCALE: NONE SHEET: 6 OF 9

93301

THIS DRAWING CONTAINS UNCLASSIFIED INFORMATION WHICH IS NOT SUBJECT TO THE TRADE SECRET LAW
DATE DRAWN BY APPROVED BY DATE EXPIRED
NO WRITTEN APPROVAL OF DATA, APPROVAL IS PENDING

DATE DRAWN	DATE EXPIRED



647.7916

FLAT PATTERN

TAG	X LOC	Y LOC	SIZE
A1	.400±.002	.400±.002	Ø.100 THRU
A2	.400±.002	1.680±.002	Ø.100 THRU
A3	1.125±.002	.400±.002	Ø.100 THRU
A4	1.125±.002	1.680±.002	Ø.100 THRU
A5	1.891±.002	.440±.002	Ø.100 THRU
A6	1.891±.002	1.640±.002	Ø.100 THRU
A7	2.646±.002	.528±.002	Ø.100 THRU
A8	2.646±.002	1.553±.002	Ø.100 THRU

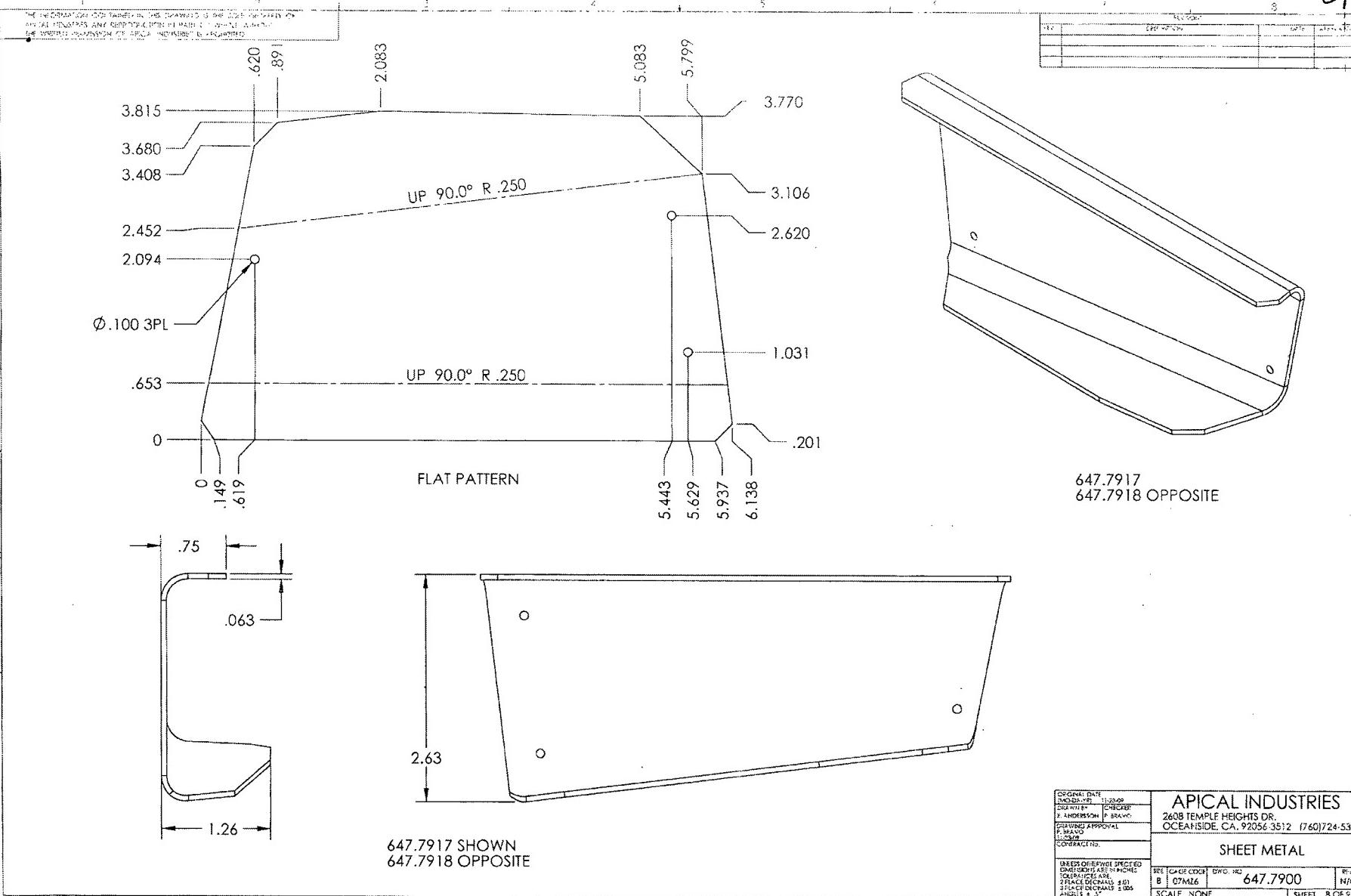
ORIGINAL DATE 11-20-02
DRAWN BY SPENCER
L ANDERSON P. 384VO
DRAWERS APPROVAL
P. BRAVO
J. LARSEN
CONTRACT NO.

APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760)724-5300

SHEET METAL

SP. 1 GAGE CODE Dwg. No. 647.7900 Rev. B
12/26/02 647.7900
3 PLACES CIRCLED 2 NOS
ANGLES ± 5°

SCALE NONE SHEET 7 OF 9

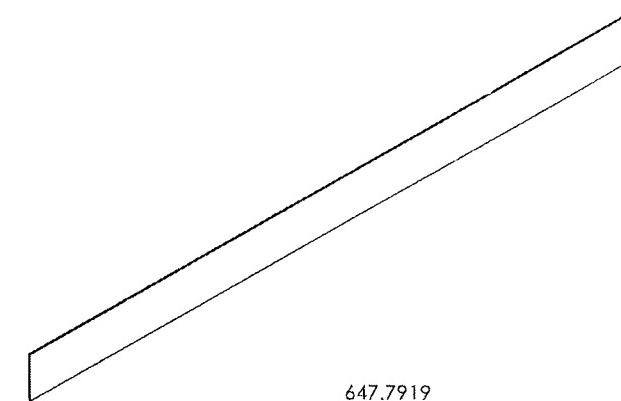


ORIGINAL DATE	07/08/08	REVISION	0
DRAWN BY	Y. ANDERSON	SUPERVISOR	J. BRAVO
GRAVURE APPROVAL	Y. ANDERSON	PRINTED BY	J. BRAVO
CONTRACT NO.			
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE IN INCHES 2 PLACE DECIMALS ± .01 3 PLACE DECIMALS ± .005 4 PLACES ± .0005			
SIZE	CALL. CODE	D/W. NO.	P/C.
B	07M26	647.7900	N/C
SCALE: NONE SHEET 8 OF 9			

93301

ALL DIMENSIONS ARE IN INCHES
DRAWING NUMBER: 647.7900 DATE: 10-20-00
BY: APICAL INDUSTRIES INC. DRAWN BY: M.P.

REF.	DESCRIPTION	QTY	UNIT

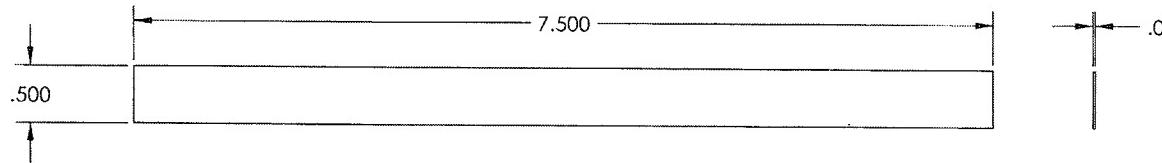


A

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D



ORIGINAL DATE 10-20-00	APICAL INDUSTRIES
DRAWN BY: M.P.	2608 TEMPLE HEIGHTS DR.
CHECKED BY: C.ANDERSON	OCEANSIDE, CA. 92056-3512 (760)724-5300
APPROVED BY: M.P.	
CONTRACT NO.: 11111	
UNLESS OTHERWISE SPECIFIED STAINLESS STEEL FINISHES	
TOLERANCES ARE: DIMENSIONS ± .01 SURFACE DECATS ± .005 ANGLES ± 3°	
SERIAL CODE: 07M76	DRW. NO. 647.7900
SCALE: NONE	PERIODIC: N/C
SHEET: 9 OF 9	

DART AEROSPACE LTD

Work Order:

93301

Description: Breakfast

Part Number: 647-7915

Inspection Dwg: 647-7906 Rev: N/C

Page 1 of 1

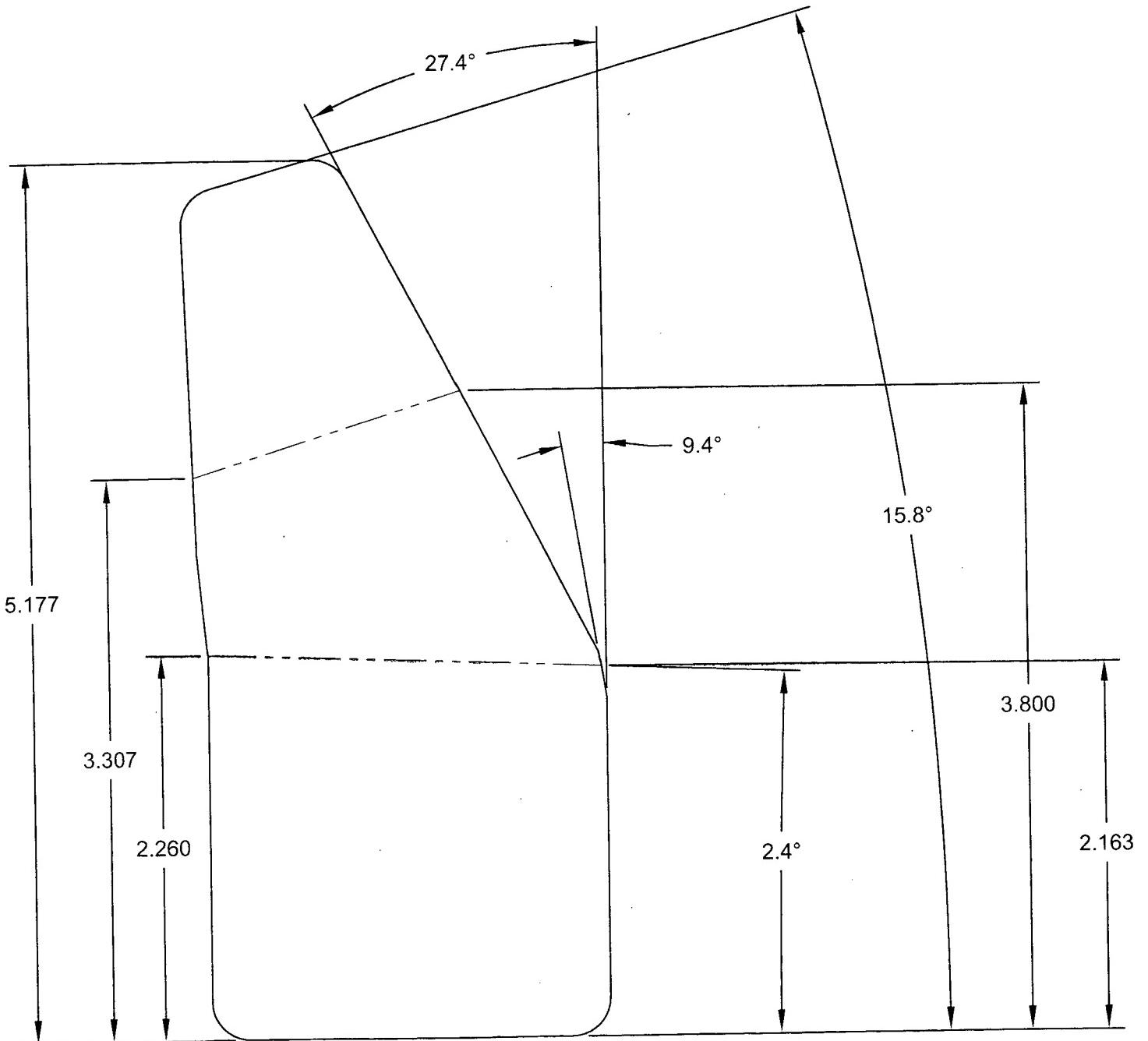
FIRST ARTICLE INSPECTION CHECKLIST

15

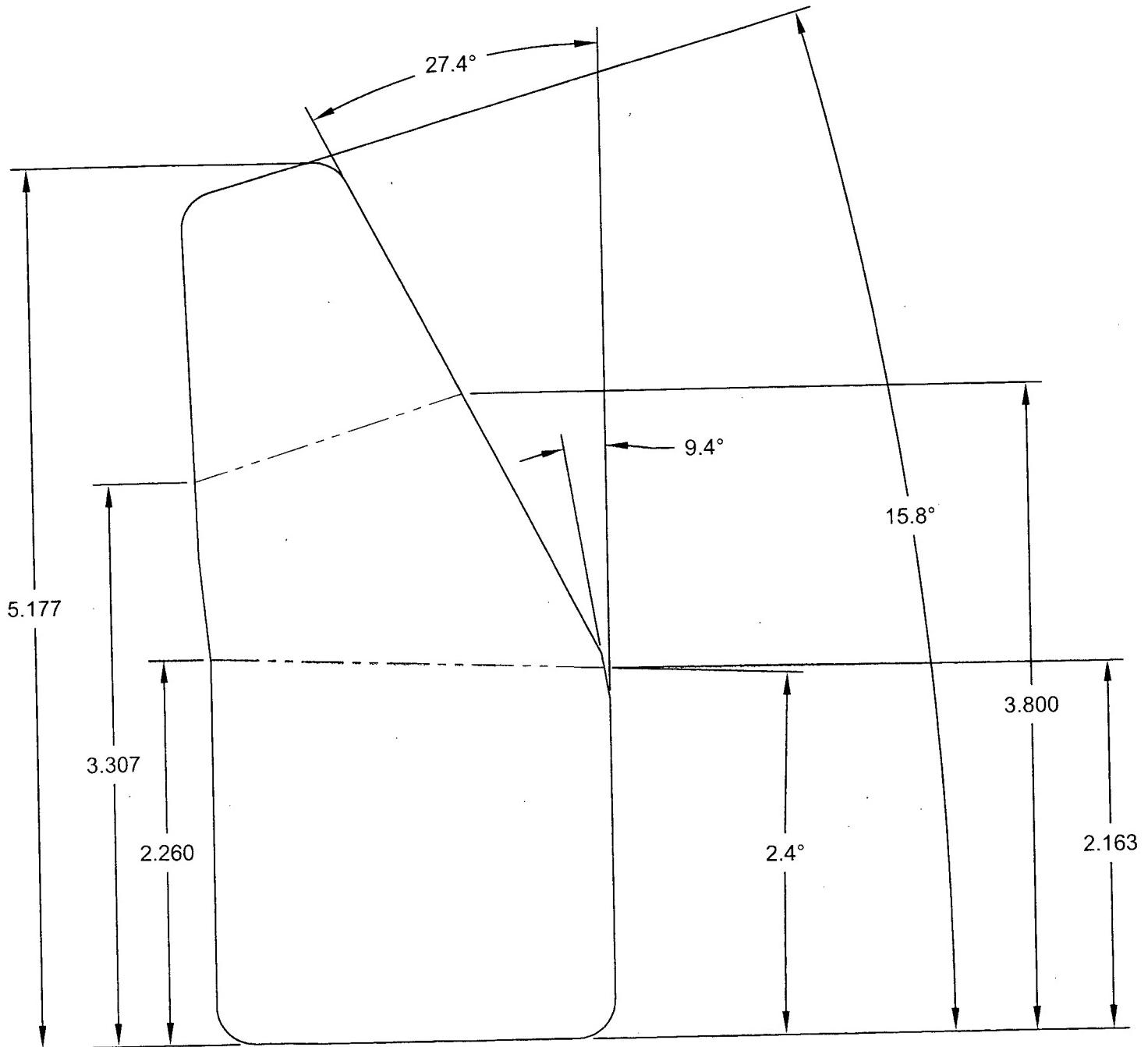
Measured by:	Jpn
Date:	2-11-25

Audited by:	15 9-89
Date:	10/17/86

Preliminary Approval:	
Date:	



REFERENCE ONLY



REFERENCE ONLY



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62212

Date: 13-Feb-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via

Quantity	Description	Rev:
1 lot	Part: ASST 4 PCS 647.2010 14 PCS 647.2011 4 PCS 646.9910 4 PCS 647.1813 3 PCS 647.7915 8 PCS 649.4816 170 PCS 646.9910 30 PCS 646.3715 4 PCS 647.7914 14 PCS 646.3713 41 PCS 649.4813 4 PCS 647.1910 16 PCS 646.9710 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20130090	PO: PO18829 Line:

Certificate of Conformance

A.T.G. Industries certifies that all items in this shipment are in conformance
with all requirements, specifications and drawings referenced in the purchase order.

ISO 9001 : 2008 REGISTERED
ATG SALES-2010 TERMS APPLY

DATE: 13/2/13

CERTIFIED SIGNATURE: [Signature]

RECEIVER SIGNATURE: _____